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COMMENTS ON THE "AMATEUR SPORTS INTEGRITY ACT"

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Senator McCain and members of the Committee, thank you for the invitation to participate in your deliberations and comment on this very complex social matter. As a devoted sports fan, a long-ago student-athlete, and the father of a current NCAA Division I student-athlete, I have a special interest in this area. For many years, I have encouraged the return of athletics to organized sports. I remember when watching organized sports was focused on athleticism instead of whether a team would cover the spread. I also believe that amateur sports in particular, and sports in general, have the capacity to build individual character and integrity. Despite these personal interests, my comments will reflect my work as a scientist and clinical psychologist.

My associates and I recently completed a series of studies revealing that, throughout the United States and Canada, young people and college students in particular evidence meaningfully higher than typical rates of gambling related disorders than adults (Korn & Shaffer, 1999; Shaffer & Hall, 1996, in press; Shaffer, Hall, & Vander Bilt, 1997; Shaffer, Hall, & Vander Bilt, 1999; Shaffer, Hall, Walsh, & Vander Bilt, 1995). Since athletes represent a distinctive segment of the youthful population, they have unique risks that place them at special chance of developing gambling related problems.

THE AMATEUR SPORTS INTEGRITY ACT

I would like to make 3 brief, specific, and interrelated points that are relevant to the committee's deliberations on the *Amateur Sports Integrity Act:*

1. Prohibiting legalized sports gambling likely will have little impact on young people; gambling already is illegal and unsanctioned for student athletes;

2. Prohibiting sports gambling for the vast majority who do it safely and legally risks making matters worse by creating an "underground" market;

3. Passing legislation that likely is unenforceable inadvertently diminishes respect for the rule of law.

IMPACT OF PROHIBITION ON YOUTH GAMBLING

Youthful population segments have not demonstrated a meaningful increase in the prevalence of gambling related disorders during the past 25 years—when legalized gaming was expanding most rapidly throughout the United States. Consequently, it is unlikely that revising the status of licit gambling will influence their gambling rate. While well intentioned, it is unlikely that this bill will have significant impact on youthful gambling.

GAMBLING ALREADY IS ILLICIT FOR YOUNG PEOPLE

If the purpose of the bill is to protect high school and college student-athletes who are at special risk for gambling related disorders, then prohibiting legalized sports betting in Nevada is unlikely to have broad impact for two primary reasons: (1) their gambling related activities already are illicit and (2) most of their illicit gambling does not occur within a licit gambling establishment. In the new era of Internet based gambling, focusing on jurisdictions or the specific objects of gambling is even more likely to be ineffective than before.

COULD THE AMATEUR SPORTS INTEGRITY ACT INADVERTENTLY MAKE MATTERS WORSE?

The Amateur Sports Integrity Act might have unanticipated negative effects. The first principle of medical ethics is to "do no harm." The reason for this guiding principle is that very good intentions can lead to adverse consequences. For example, since the vast majority of adults who gamble on sports in Nevada do so without any adverse consequence, a ban on sports betting can stimulate an underground market for sports-related gambling. This situation echoes our history with the Volstead Act and the many adverse consequences associated with alcohol prohibition from which America is still recovering. Unintended consequences of gambling prohibition could adversely impact the already too high rate of problem gambling among young people.

DIMINISHING RESPECT FOR THE RULE OF LAW: CONSIDERING LAWS THAT PREVENT, LAWS THAT PUNISH

Having spent the majority of my life studying the spectrum of human behavior, it occurs to me that the best laws are those that prevent wrongdoing and therefore rarely punish people. The worst laws are those that punish the most people while rarely preventing misbehavior. The Amateur Sports Integrity Act holds the potential to prevent very little gambling among sports bettors while simultaneously establishing the potential to punish many of them. Further, if this Act becomes law and it is not enforceable, or if high school or college students do not respect it—athletes in particular since they often are role models—then young people might ignore this law and, most importantly, also lose respect for the rule of law in general. Such has been the case with certain laws (e.g., drug, seatbelt, helmet) that unintentionally created this circumstance many years ago.

For example, the Amateur Sports Integrity Act will require that throughout America, if students are involved, illegal pari-mutuel and "Calcutta" style wagering on member-member and member-guest golf tournaments become active targets for enforcement. Currently, students watch eagerly as caddies or just onlookers when their parents and neighbors get excited about, and participate in, these events—which already are illegal. Young people have learned through informal channels that laws are not equally enforced. The consequence too often is a diminished respect for the rule of law.

CONCLUSIONS AND SUGGESTIONS

The language of the bill is unclear about whether the intent of this legislation is to protect the integrity of amateur and student athletes or the integrity of the institution of amateur

sports. The Sports Integrity Act seems to apply only to Nevada, so the language of the bill seems to work against its broadly stated objectives. It already is illegal for underage young people to gamble, whether on sport or anything else. Further, to my knowledge, there is no legal bookmaking for high school sporting events.

If I could assure the integrity of sports simply by prohibiting gambling, I would certainly endorse it. However, I fear that prohibition will produce problematic outcomes. Senator Alan Simpson once said, "If you have integrity, nothing else matters... if you don't have integrity, nothing else matters." Integrity is an attribute of individual and collective character. It cannot emerge in a vacuum. To assist the development of integrity, we must help people learn to regulate their impulses and manage temptations. This difficult task is not possible in a social setting that does the regulating for us. In a free society, occasional failing and even tragedy is the price of liberty. In the second century, the Roman Emperor Marcus Aurelius noted that, "A man should *be* upright, not be *kept* upright.[1]" Integrity is not the absence of vice; it is something that emerges through a relationship with temptation.

Consequently, I respectfully suggest that, to protect the integrity of amateur sports, we consider how to protect students and youth in general from developing gambling related problems. We also need to identify people quickly when these problems do emerge; new approaches to screening will become important. This will require a shift in American culture. It will require new public policy at the local level, that is, middle schools, high schools and colleges—with attention to educating parents, clergy, teachers, coaches, and athletic directors about gambling. Unfortunately, our research suggests that high schools and colleges are woefully out of touch with gambling problems and have few policies or resources in place to deal with them (e.g., Shaffer, Forman, Scanlan, & Smith, 2000).

Parents also fail to appreciate how gambling can influence young people (Shaffer, Hall, Vander Bilt, & George, in press; Shaffer et al., 1995). In 1999, my friend Bill Saum, the NCAA's excellent director of gambling and agent activities, testified before the Senate Judiciary Subcommittee on Technology, Terrorism and Government Information about the negative impact that sports gambling has on the lives of college student-athletes. Bill described notable and tragic examples from great American colleges. He also cited my research showing that young people often become introduced to gambling through sports betting (Shaffer et al., in press; Shaffer et al., 1995). What he did not mention, however, was that this betting most often started with family members at home, not in casinos or with sports books. We must educate parents about gambling.

While preparing for this testimony, I examined the National Collegiate Athletic Association's (NCAA's) list of representative sports-related gambling scandals that occurred during the past 45 years. Interestingly, none of these incidents directly involved Nevada-based legal sports gambling.

I respectfully suggest two important strategies. First, undertake a broad based and rigorous scientific review to evaluate (1) the nature and extent of the problem, (2) the complexity of risk factors (e.g., alcohol use, depression, etc.), (3) whether student athletes in general or

[1] **Marcus Aurelius**. *Meditations,* book 3, section 5.

NCAA Division I student-athletes in particular, by virtue of NCAA rules, are at greater risk compared with other students for gambling related problems, and (4) the potential avenues available to address these concerns. The National Academy of Sciences recently undertook such a review of pathological gambling (National Research Council, 1999) and might be in a strong position to advise on this matter.

Second, I suggest that we convene a consortium of college presidents to review their existing gambling related policies and problems so that we can take a systematic approach to the education, prevention and treatment of America's young people, who are at higher risk for gambling related disorders than their adult counterparts.

In conclusion, gambling represents a very complex human activity. People have gambled since at least the beginning of recorded history and they are not likely to stop soon. It seems that progressive public policy must attempt to: (1) provide sanctuary for the vast majority of gamblers who safely enjoy government approved, legal gambling, while also (2) prevent or reduce any gambling related problems among the minority of people who choose to gamble and experience adversity. Balancing these issues is a thorny matter since state-sponsored gambling often stimulates a conflict of interest between promoters of gambling and public health officials. Public health considerations have been notably absent from the public deliberations that recently have focused on gambling (Korn & Shaffer, 1999).

America likes to gamble, and since the early days of civilization, people have shown a penchant to gamble on sports. We should not lose sight of the fact that the vast majority of Americans regulate their impulses without difficulty and are "healthy" gamblers. These circumstances make our efforts to protect young people much more complicated than simply prohibiting sports gambling in Nevada.

Once again, thank you Senator McCain and members of the committee for inviting me to participate in this important process.

APPENDIX 1

THE PREVALENCE OF DISORDERED GAMBLING

This appendix briefly describes the some of the current and fundamental knowledge about the prevalence of disordered gambling. To begin, there is considerable conceptual confusion and inconsistency about the terminology scientists often use to describe intemperate gambling and the prevalence and natural course of this disorder. Consequently, my colleagues and I have adopted a simplified public health classification system to describe the prevalence of gambling and gambling related problems (Shaffer & Hall, 1996). This classification system is being adopted worldwide as a universal language. Level 1 prevalence rates reflect the people who do not have any gambling problems. Level 2 represents those individuals who fail to satisfy the multiple criteria for a "clinical" disorder but do experience some of the adverse symptoms associated with gambling. Level 3 reflects those people who meet sufficient criteria for having a disorder (e.g., the *Diagnostic & Statistical Manual of Mental Disorders* [DSM-IV]; (American Psychiatric Association, 1994)). These diagnostic criteria, for example, include among others being preoccupied with gambling, risking more money to get the desired level of excitement, committing illegal acts, and relying on others to relieve desperate financial needs.

People with level 2 problems can move in either of two directions: toward a healthier level 1 state or toward a more serious level 3 disorder (Shaffer & Hall, 1996). Psychiatric disorders in general, and disordered gambling in particular, are subject to shifting cultural values. Shifts in prevalence rates can reflect changes in behavior patterns, evolving cultural values, or a combination of both.

Table 1 reflects lifetime and past year rates of disordered gambling along with 95% confidence intervals. Past year rates tend to be more conservative and precise because these estimates avoid some of the timeframe problems often associated with prevalence research. Whether we use lifetime or past year rates, disordered gambling reveals itself with remarkable consistency across research study protocols. Disordered gambling does not, however, appear with equal prevalence among every segment of the population. Young people evidence higher rates of gambling disorders when compared with adults from the general population (National Research Council, 1999; Shaffer et al., in press). Psychiatric patients experience even higher rates of gambling disorders than do adults and young people from the general population (National Research Council, 1999; Shaffer et al., 1997).

	Adult	Adolescent[2]	College	Treatment/Prison
Level 3 Lifetime	1.92 (1.52 – 2.33)	3.38 (1.79 – 4.98)	5.56 (3.54 – 7.59)	15.44 (11.58 – 19.31)
Level 2 Lifetime	4.15 (3.11 – 5.18)	8.40 (5.61 – 11.18)	10.88 (4.86 – 16.89)	17.29 (11.05 – 23.53)
Level 1 Lifetime	93.92 (92.79 - 95.06)	90.38 (86.49 – 94.29)	83.13 (74.71 – 91.55)	67.61 (58.10 – 77.11)
Level 3 Past year	1.46 (0.92 – 2.01)	4.80 (3.21 – 6.40)	––	––
Level 2 Past Year	2.54 (1.72 – 3.37)	14.60 (8.32 – 20.89)	––	––
Level 1 Past Year	96.04 (94.82 – 97.25)	82.68 (76.12 – 89.17)		

Our research reveals that these prevalence estimates are robust. Regardless of the methods used to calculate these rates, the research protocols that produced the estimates, or our attempts to weight these rates by a variety of algorithms, including methodological quality scores, the resulting estimates of pathological gambling remained remarkably consistent. The most precise past-year estimates tend to vary within a very narrow range around 1%[3] (Shaffer & Hall, in press; Shaffer et al., 1997; Shaffer, Hall et al., 1999).

Table 2 presents our most recent findings that update and revise earlier estimates (Shaffer & Hall, in press). Table 2 also includes Andrews' Wave M-Estimator estimates that are likely more accurate than our previous estimates since these values diminish the weight of research estimates that represent outliers.

[2] Although mean past-year estimates are higher than mean lifetime estimates for adolescents, there is considerable overlap between the confidence intervals of these measures; adolescents' past-year gambling experiences are likely to be comparable to their lifetime gambling experiences. Differences between instruments that provide past-year estimates among adolescents and instruments that provide lifetime estimates among adolescents most likely account for these discrepancies.

[3] For example, among adults from the general population, estimates of level 2 lifetime disorders ranged from 2.95-3.85; and estimates of level 3 disorders ranged from 1.50-1.60.

Estimate Time Frame & Statistic		Adult	Adolescent	College	Treatment or Prison
Level 3 Lifetime	Mean	1.92	3.38	5.56	15.44
	Median	1.80	3.00	5.00	14.29
	5% Trimmed Mean	1.78	3.33	5.14	15.07
	Andrews' Wave M-Estimator	1.73	2.74	4.64	13.49
Level 2 Lifetime	Mean	4.15	8.40	10.88	17.29
	Median	3.50	8.45	6.50	15.64
	5% Trimmed Mean	3.76	8.35	9.83	17.01
	Andrews' Wave M-Estimator	3.31	8.22	6.51	16.59
Level 3 Past year	Mean	1.46	4.80	––	––
	Median	1.20	4.37	––	––
	5% Trimmed Mean	1.27	4.77	––	––
	Andrews' Wave M-Estimator	1.10	4.65	––	––
Level 2 Past Year	Mean	2.54	14.60	––	––
	Median	2.20	11.21	––	––
	5% Trimmed Mean	2.25	13.83	––	––
	Andrews' Wave M-Estimator	2.15	11.26	––	––

GAMBLING & DISORDERED GAMBLING

Gambling in contemporary America is virtually ubiquitous. Approximately 90% of high school seniors have placed a bet during their lifetime (Shaffer et al., 1995). College and high school students represent young people who have lived in an America where widespread legal gambling has been endorsed and promoted for their entire lifetime. As this behavior has become normalized during the past several decades, with few educational messages to the contrary, young people have not had the opportunity to develop the "social immunity" necessary to protect them from developing gambling disorders.

Our research reveals that, during the past 23 years and in spite of higher rates of disordered gambling among adolescents and substance abusing or psychiatric patients in treatment, only the adult segment of the general population has shown an increasing rate of gambling disorders (Shaffer & Hall, in press; Shaffer et al., 1997; Shaffer, Hall et al., 1999). Among the risk factors for gambling disorders, gender, age, psychiatric status, and family history appear among the most important (Shaffer et al., 1997). For example, adults in treatment for substance abuse or other psychiatric disorders are almost 9 times more likely to have a level 3 gambling disorder during their lifetime when compared with adults from the general population. Similarly, adolescents from the general population and college students have a greater risk of experiencing a gambling disorder compared with their adult counterparts by a factor of about 2.5 - 3 times. Males from the adult general population are almost 2 times more likely than their female counterparts to suffer level 3 gambling problems during their lifetime. Male college students are almost 4 times more likely to have serious gambling problems compared with their female counterparts.

WHAT IS RESPONSIBLE FOR THE RATE INCREASE?

The rate increase we observed among adults from the general population could be due to many factors. For example, during the past two decades, the increased availability and

accessibility to gambling, increased social acceptance of gambling, few messages about the potential risks and hazards of gambling, an increasing desire to participate in risk-taking activities, a decline in the belief that one can achieve the "American dream," a growing sense of emotional discomfort, malaise or dysthymia, all could play a meaningful or small role in increasing the rate of disordered gambling among the general adult population.

Observers tend to think that disordered gambling is growing in direct proportion to the expansion of legalized gambling opportunities. This is not an accurate perception (e.g., Campbell & Lester, 1999). Assessing shifting social trends is very difficult without evidence from prospective research. However, even the casual observer will find it is easy to see that gambling certainly has expanded much more rapidly than the rate of disordered gambling. Tobacco is arguably the most virulent object of chemical dependence. In spite of its wide availability and legal status, tobacco has a much smaller user base than 20 years ago. Therefore, we must conclude that availability is not a sufficient explanation for the increased rate of an addictive disorder. This observation has received additional support from the results of our new casino employee research (e.g., Shaffer & Hall, under review; Shaffer, Vander Bilt, & Hall, 1999).

In part, the history of gambling research inadvertently has fueled the perception that expanded gaming (i.e., lottery, casino, charitable) is the sole cause of increased gambling problems. Of the more than 200 studies of gambling prevalence, the early gambling prevalence studies tended to focus on the adult general population—the population segment with the lowest rate of gambling disorder. More recent studies have examined young people and other potentially high-risk population segments. Consequently, the shifting evidence provided by studies of population segments with higher base rates of gambling disorders have biased the prevailing subjective impressions among the public that disordered gambling prevalence rates are rapidly increasing (Shaffer et al., 1997).

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